

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official
capacity as President of the United States of
America, et al.,

Defendants.

NO.

DECLARATION OF
MARIE DOE, MD

DECLARATION OF MARIE DOE, MD

ATTORNEY GENERAL OF WASHINGTON
Complex Litigation Division
800 Fifth Avenue, Suite 2000
Seattle, WA 98104
(206) 464-7744

1 I, Marie Doe, declare as follows:

2 1. I am over the age of 18, competent to testify as to the matters herein, and make
3 this declaration based on my personal knowledge.

4 2. I am a primary care physician and doctor of internal medicine. I received a
5 Bachelor of Science degree in biology, graduating with distinction and departmental honors. I
6 obtained my medical doctorate and performed my residency in internal medicine. I am Board
7 certified by the American Board of Internal Medicine.

8 3. I currently work as a primary care physician at a private practice in
9 Seattle, Washington. Previously, I was an instructor, clinical assistant professor, and a
10 supervising physician at a hospital in Seattle. I also worked as a primary care physician at a
11 medical clinic, where I provided gender affirming care for transgender and other gender-diverse
12 patients.

13 4. I am choosing to use a pseudonym rather than my legal name out of fear for the
14 safety of myself, my family, my patients, my employees, and my business.

15 5. I am a member of the King County Medical Society. I am also a member of the
16 World Professional Association for Transgender Health (WPATH), and through WPATH, a
17 member of the US Professional Association for Transgender Health (USPATH). As a member
18 of WPATH and USPATH, I participate in discussion networks, educational initiatives, and task
19 forces dedicated to promoting evidence-based gender-affirming healthcare, and related
20 education and research.

21 6. For 15 years, beginning with my work for the medical clinic, I have provided
22 gender-affirming care to transgender and gender diverse patients. During that time, I have served
23 close to 400 patients who required gender-affirming care, including several dozen patients who
24 were 18-19 years old. I have not provided similar care to patients under 18 years old, as the
25 discipline of internal medicine generally focuses on patients aged 18 years and older.
26

1 7. Generally, my treatment of transgender and gender-diverse patients focuses on
2 hormone replacement therapy as a means to address gender dysphoria, a condition and diagnosis
3 identified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Gender
4 dysphoria occurs where a patient experiences a gender identity that does not align with the
5 patient's physical characteristics, leading to a persistent "mismatch" not experienced by
6 cisgendered individuals (i.e., individuals who identify with the gender assigned to them at birth).

7 8. As a doctor of internal medicine, I do not perform, nor am I trained to perform,
8 surgery for transgender and gender-diverse patients. However, I do help coordinate my patients'
9 ongoing care, including by assisting them in navigating surgical care options. I also offer
10 information on the process for changing gender markers on government identification.

11 9. In my healthcare practice I follow the WPATH standard of care, a rigorous,
12 evidence-based process to determine whether candidates for gender-affirming care meet the
13 criteria for a diagnosis of gender dysphoria in the DSM-5. While following the WPATH
14 standards, I make certain that my approach to an individual patient's care matches the unique
15 medical needs of that patient.

16 10. Hormone replacement therapy and other modes of gender-affirming care are
17 science-based treatments backed by substantial precedent. In my professional experience, such
18 care is never ordered based on a psychiatric delusion, or a patient's fleeting whim. In the medical
19 practice where I work, the process for ordering potential gender-affirming care begins with a
20 comprehensive intake procedure in which a patient's entire medical record is reviewed. I screen
21 the patient for depression and anxiety, and if I see evidence of a mental health condition, make
22 referrals for mental health counseling or other appropriate care. I interview the patient to
23 determine how long they have known that the gender identity assigned to them at birth did not
24 match their gender identity. To ensure that hormone replacement therapy is a safe and
25 appropriate treatment for the patient, I order bloodwork to check kidney and liver health, and to
26 determine baseline hormone levels.

1 11. My training and professional experience allow me to determine when a patient
2 has met the criteria for a diagnosis of gender dysphoria under the DSM-5, and is an appropriate
3 candidate for gender-affirming care. In such cases I will sign a letter attesting that the candidate
4 has met the diagnostic criteria. Conversely, in cases where medical gender transitioning is not
5 appropriate for a given patient, I have recommended against it. However, such instances are rare.
6 In my experience, most patients seeking to medically transition have known that they are
7 transgender or gender-diverse for years before ever seeking care.

8 12. Over my 15 years providing gender-affirming care to hundreds of patients, I have
9 never had a patient seek to de-transition, or express regret over their decision to medically
10 transition. Patients may encounter difficulty because of society's hostility towards gender
11 nonconforming individuals. But the decision to live openly as a transgender or gender-diverse
12 person and to seek appropriate medical care does not create this difficulty.

13 13. On the contrary, gender-affirming care helps patients lead healthier lives. Before
14 they begin gender-affirming care, it is common to note an elevated heart rate and other symptoms
15 of fear and anxiety in patients. Appropriate gender-affirming care helps alleviate these
16 conditions. Patients appear to bloom, showing physical, mental, and emotional improvements
17 including improved posture and eye contact. I have seen patients with substance use disorder
18 who were able to stop substance use once the patient's physical gender presentation began to
19 match their gender identity. Patients report that they are finally able to live as themselves.

20 14. Most transgender and gender-diverse patients experience suicidal ideation at
21 some point prior to medically transitioning. Hormone replacement therapy and other
22 gender-affirming healthcare is crucial in reducing suicidal ideation, as is any treatment that
23 affects outward presentation (e.g. laser hair removal for transgender women). Being able to live
24 and present in a way that matches one's gender identity not only helps patients lead integrated
25 lives, improving their mental and emotional health, it also helps them to exist more safely in a
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1 world where gender non-conforming individuals live under frequent threats of violence. In many
2 ways, gender-affirming care saves lives.

3 15. I understand that the President of the United States has issued an Executive Order
4 impacting the provision of gender affirming care. The Federal Government's policy will have a
5 variety of impacts on my work. One impact is that the policy would restrict gender-affirming
6 care not only for minors under the age of 18, but also for legal adults aged 18-19. I believe the
7 Federal Government purposefully designed the policy to ensnare providers such as myself, who
8 do not provide gender-affirming care to children. As a medical professional, this angers and
9 upsets me, because it strips autonomy from legal U.S. adults, jeopardizing their opportunity to
10 seek appropriate healthcare and make personal decisions in consultation with their doctor.

11 16. The policy would also discriminate against and unfairly impact patients based on
12 gender identity. For example, the same procedure (e.g. chest surgery) could be authorized for a
13 person who identified with the gender assigned to her at birth, but would be illegal for a person
14 assigned a female gender at birth but who was transgender or gender-diverse.

15 17. I object to the Federal Government's policy because it lacks justification in
16 evidence or science, and it interferes with my ability to provide appropriate healthcare consistent
17 with my training and responsibilities as a doctor. I want to continue the responsible practice of
18 medicine and serve patients without interference from unqualified persons and institutions.

19 18. Some transgender and gender-diverse patients have told me that gender-affirming
20 care is so crucial to their health that without it, they would commit suicide. If paths to
21 gender-affirming care are cut off, those patients who do not resort to suicide will certainly do
22 whatever is necessary to care for themselves, e.g. obtaining hormones on the black market, or
23 seeking illegal unlicensed surgical care. This is a truly dangerous consequences for my patients'
24 health.

25 19. This last possibility brings to mind a case I encountered while working at the
26 medical clinic. At that time, gender reassignment surgery was not covered by insurance. A

1 particular transgender woman was so determined to have a body that matched her gender identity
2 that she attempted self-surgery on her genitals. Predictably, the surgery was a failure and the
3 woman suffered long-lasting complications that were entirely needless. If the Federal
4 Government's policy is upheld, I am convinced we will see many more such cases. Trained,
5 experienced medical professionals like myself will be powerless to make a difference.

6 I declare under penalty of perjury under the laws of the State of Washington and the
7 United States of America that the foregoing is true and correct.

8 DATED this _____ day of February 2025 at Seattle, Washington.

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10 _____
11 MARIE DOE, MD
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8 DATED this 3rd day of February 2025 at Seattle, Washington.

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10 Marie Doe, MD.
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